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## \*BIBDATASHEET\*

CONFIRMATION NO. 2083

Bib Data Sheet

SERIAL NUMBER 10/668,649	FILING DATE 09/23/2003  RULE	CLASS 297	GROUP ART UNIT 3636	ATTORNEY DOCKET NO. 62436A (1062-018)
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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
 This appln claims benefit of 60/414,040 09/27/2002  
 (OK) scb

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
 (None) scb

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 12/13/2003

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>Sarah L. Bunker</i> scb Examiner's Signature Initials	STATE OR COUNTRY MI	SHEETS DRAWING 5	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 3
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ADDRESS  
 25215  
 DOBRUSIN & THENNISCH PC  
 29 W LAWRENCE ST  
 SUITE 210  
 PONTIAC, MI  
 48342

TITLE  
 Seating system and method of forming same

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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